

# Family Law Case Demographics Information Sheet for Child Custody/Visitation

Court Case Number: \_\_\_\_\_

Family Court Services Number: \_\_\_\_\_

| Petitioner's Information      |                |           |          | Petitioner's Attorney Information |                |           |          |
|-------------------------------|----------------|-----------|----------|-----------------------------------|----------------|-----------|----------|
| First Name                    | Middle Initial | Last Name |          | First Name                        | Middle Initial | Last Name |          |
| Street Number/Apt. or Suite # |                |           |          | Street Number/Apt. or Suite #     |                |           |          |
| City                          |                | State     | Zip Code | City                              |                | State     | Zip Code |
| Date of Birth:                | Month          | Day       | Year     |                                   |                |           |          |
| Home Phone:                   | ( )            |           |          | Work Phone:                       | ( )            |           |          |
| Work Phone:                   | ( )            |           |          | Other Phone:                      | ( )            |           |          |
| Other Phone:                  | ( )            |           |          |                                   |                |           |          |

| Respondent's Information      |                |           |          | Respondent's Attorney Information |                |           |          |
|-------------------------------|----------------|-----------|----------|-----------------------------------|----------------|-----------|----------|
| First Name                    | Middle Initial | Last Name |          | First Name                        | Middle Initial | Last Name |          |
| Street Number/Apt. or Suite # |                |           |          | Street Number/Apt. or Suite #     |                |           |          |
| City                          |                | State     | Zip Code | City                              |                | State     | Zip Code |
| Date of Birth:                | Month          | Day       | Year     |                                   |                |           |          |
| Home Phone:                   | ( )            |           |          | Work Phone:                       | ( )            |           |          |
| Work Phone:                   | ( )            |           |          | Other Phone:                      | ( )            |           |          |
| Other Phone:                  | ( )            |           |          |                                   |                |           |          |

Court Case Number: \_\_\_\_\_

Family Court Services Number: \_\_\_\_\_

| Claimant's Information        |                |           |          | Claimant's Attorney Information (Third Party) |                |           |          |
|-------------------------------|----------------|-----------|----------|---|----------------|-----------|----------|
| First Name                    | Middle Initial | Last Name |          | First Name                                    | Middle Initial | Last Name |          |
| Street Number/Apt. or Suite # |                |           |          | Street Number/Apt. or Suite #                 |                |           |          |
| City                          |                | State     | Zip Code | City  |                | State     | Zip Code |
| Date of Birth:                | Month          | Day       | Year     |   |                |           |          |
| Home Phone:                   | ( )            |           |          | Work Phone:                                   | ( )            |           |          |
| Work Phone:                   | ( )            |           |          | Other Phone:                                  | ( )            |           |          |
| Other Phone:                  | ( )            |           |          |   |                |           |          |

| Claimant's Information        |                |           |          | Claimant's Attorney Information (Third Party) |                |           |          |
|-------------------------------|----------------|-----------|----------|---|----------------|-----------|----------|
| First Name                    | Middle Initial | Last Name |          | First Name                                    | Middle Initial | Last Name |          |
| Street Number/Apt. or Suite # |                |           |          | Street Number/Apt. or Suite #                 |                |           |          |
| City                          |                | State     | Zip Code | City  |                | State     | Zip Code |
| Date of Birth:                | Month          | Day       | Year     |   |                |           |          |
| Home Phone:                   | ( )            |           |          | Work Phone:                                   | ( )            |           |          |
| Work Phone:                   | ( )            |           |          | Other Phone:                                  | ( )            |           |          |
| Other Phone:                  | ( )            |           |          |   |                |           |          |

| Minor's Counsel Attorney Information |                |           |          |
|--------------------------------------|----------------|-----------|----------|
| First Name                           | Middle Initial | Last Name |          |
| Street Number/Apt. or Suite #        |                |           |          |
| City                                 |                | State     | Zip Code |
| Work Phone:                          | ( )            |           |          |
| Other Phone:                         | ( )            |           |          |

Court Case Number: \_\_\_\_\_

Family Court Services Number: \_\_\_\_\_

## 1. List all children of the parties:

| Name | Date of Birth | Age | School | Resides with |
|------|---------------|-----|--------|--------------|
|      |               |     |        |              |
|      |               |     |        |              |
|      |               |     |        |              |
|      |               |     |        |              |
|      |               |     |        |              |
|      |               |     |        |              |

## 2. Please check all boxes that apply.

- a. Are you currently restrained by a Restraining Order or ever been restrained by a Restraining Order (domestic violence restraining order, emergency protective order, or criminal protective order)? Yes ☐ No ☐
- b. Do you have a restraining order against the other party now (domestic violence restraining order, emergency protective order, or criminal protective order)? Yes ☐ No ☐

## 3.

- a. Number of previous mediation appointments: None ☐  
One ☐  
Two ☐  
Three ☐  
Four or more ☐
- b. Do Petitioner/Respondent live 2-4 hours apart from each other? Yes ☐ No ☐
- c. Do Petitioner/Respondent live more than 4 hours apart from each other? Yes ☐ No ☐
- d. Is one or more of your children a Special Needs Child? Yes ☐ No ☐
- e. Has there been past non-compliance with a Court Order? Yes ☐ No ☐

## 4. Please note whether each or any of these issues are involved in your case:

- a. Custody Change Yes ☐ No ☐
- b. Domestic Violence Yes ☐ No ☐
- c. Substance Abuse Yes ☐ No ☐
- d. Mental Health Yes ☐ No ☐
- e. Current or Previous CPS Involvement Yes ☐ No ☐
- f. Child Physical/Sexual Abuse Yes ☐ No ☐
- g. Child Neglect Yes ☐ No ☐

## 5.

- a. Are you or the other parent planning on moving out of the area? Yes ☐ No ☐
- b. Does either parent pose a flight risk? Yes ☐ No ☐